

# DAYTON CHEST MEDICINE

---

PULMONARY AND AEROSPACE MEDICINE  
FAA CERTIFIED AVIATION MEDICAL EXAMINERS

Airman name: \_\_\_\_\_

DOB: \_\_\_\_\_

## Prostate Cancer – Follow-up Report

*Note: This form is NOT required if (1) there has been no treatment for at least 5 years and (2) there is no hx of metastatic disease.*

Is there any current, or past evidence of metastatic disease? Yes No

If yes, location and extent:

Is the airman experiencing any symptoms related to his prostate cancer? Yes No

If yes, explain:

Has active treatment (chemotherapy, radiation) been completed? Yes No

If yes, are there plans to resume treatment in the future? Yes No

Was surgery performed? Yes No

If yes, is airman off pain meds? Yes No

If yes, has airman been released by surgeon? Yes No

Current treatment:

- None
- Watchful waiting / Active surveillance
- Brachytherapy

Current PSA: \_\_\_\_\_ Date of test: \_\_\_\_\_ (within last 6 months)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

3080 Ackerman Blvd., #100  
Kettering, OH 45429  
Phone: 937.396.1605  
Fax: 888.368.2122  
www.chestmed.com